

# All Recreate on Fridays Coordinator Evaluation

1. What is the name of the organization and program (if different) that implements ARF?  
\_\_\_\_\_
2. What is your position within the organization? \_\_\_\_\_
3. How many individuals helped implement the ARF Movement at your location? \_\_\_\_\_
4. How many youth participated in the ARF Movement at your location? \_\_\_\_\_
5. In your opinion, did incentives help motivate the youth to be more physically active? Explain.
6. Did you notice a change in attitude about physical activity and/or did participation levels increase as a result of implementing ARF?
7. Did we provide enough information and technical assistance to help you successfully incorporate the Movement at your location? If not, how could we better serve you?
8. Was there anything specific you liked about the ARF Movement?
9. What are some specific ways we could improve the ARF Movement?
10. Will you continue to participate in ARF next year? If not, why?